

06/01/99 TUE 16:17 FAX 352 376 8961

AHP MED PRACTICE

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000078378 AHP		
1. Corporation Name AHP MEDICAL PRACTICES, INC.		

POSTED

99 MAY 26 PM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0423 99 90134 015 \$158.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2772 NW 43 STREET SUITE M GAINESVILLE FL 32606 US		Mailing Address P.O. BOX 749 GAINESVILLE FL 32602-0749	
2. Principal Place of Business 21	2a. Mailing Address 26	Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 10/25/1994	
FBI Number 59-3271352	Applied For 59-3271353
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☒ No	

9. Name and Address of Current Registered Agent DEMONTMOLLIN, STEPHEN J 4300 N.W. 89TH AVENUE GAINESVILLE FL 32606	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYERS, CATHERINE E. 4300 NW 89 BLVD GAINESVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURRANCE, JACK 4300 N.W. 89TH BLVD. GAINESVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKINS, ARNOLD 4300 N. W. 89TH BLVD. GAINESVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HUDSON, ROBERT 9500 S. DADELAND BLVD. MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ANDREWS, WILLIAM 1 S.E. FIRST AVE. GAINESVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFET, JAMES 4300 NW 89TH BLVD GAINESVILLE FL 32606	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ *100 E. Kanter* *5/13/99* *352-337-8706*

08/01/99 TUE 16:18 FAX 352 376 8961

AHP MED PRACTICE

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**AHP Medical Practices, Inc.
Corporation #P94000078378
Addendum to 1999 Corporation Annual Report**

Additions:

P Rankin, Les 4300 NW 89 Blvd, Gainesville, FL 32606
COO Emerson, William C. 4300 NW 89 Blvd, Gainesville, FL 32606

Delete:

Brotsky, Hal 4300 NW 89 Blvd, Gainesville, FL 32606
Asst Secr. Hughey, Philip J. 4300 NW 89 Blvd, Gainesville, FL 32606